BRANDON RHA

BRANDON REGIONAL HEALTH AUTHORITY

BRANDON REGIONAL HEALTH AUTHORITY

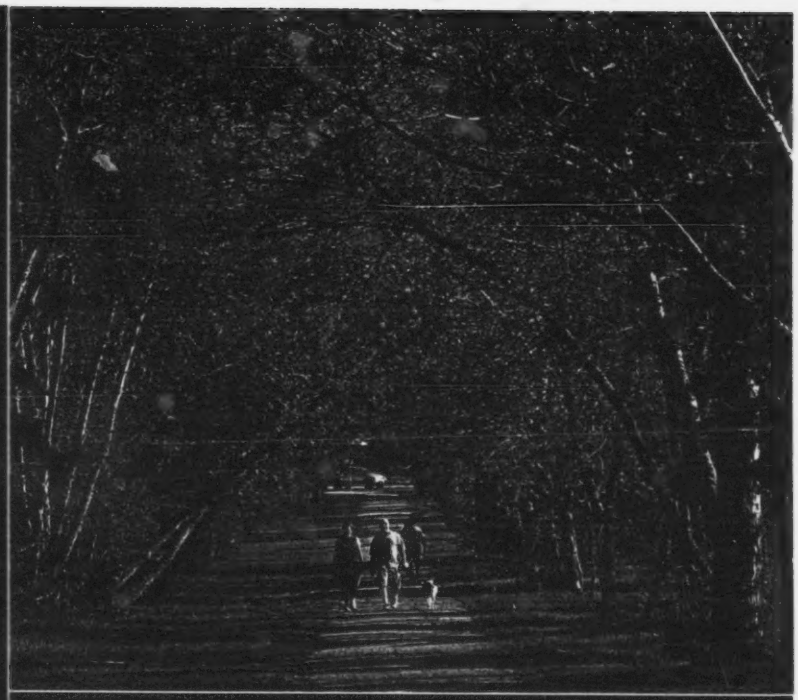
ANNUAL REPORT 09

Brandon Regional Health Authority offers a wide range of health services and programs to the citizens of Brandon and the municipalities of Cornwallis, Elton and Whitehead.

Brandon Regional Health Centre serves as a regional referral centre for the "Westman" area.

Programs and Services include Long Term Care, Public Health, Home Care, Mental Health, Audiology, Medical Officer of Health, Rehabilitation, Acute Care & Ambulatory Care Services, 7th Street Health Access Centre and a full range of Diagnostic Services.

For the fiscal year April 1, 2008 to March 31, 2009



OUR VISION:

A model region, responsive to the community through teamwork and a focus on "health"

OUR MISSION:

Promotion of healthy choices and delivery of health services across the lifespan in a variety of settings; in partnership with the residents of the Brandon and neighbouring Regions.

OUR VALUES:

Integrity | Continuous Improvement | Respect and Dignity | Teamwork | Accessibility

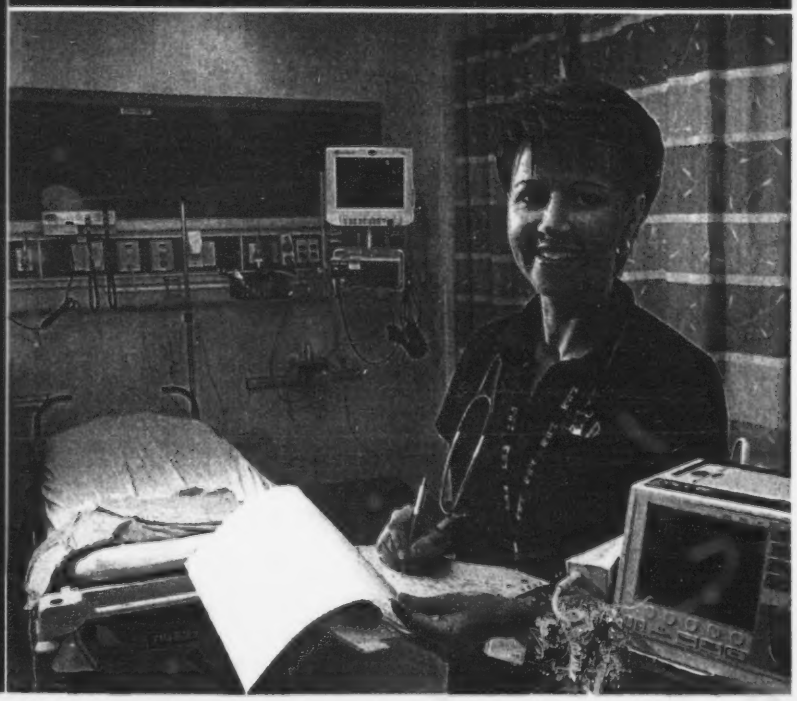


TABLE OF CONTENTS

Letters of Transmittal 3
The Region 4
Board Governance 5
Organizational Structure 6
Executive Management Committee 7
Health System Infrastructure 8
Strategic Plan 9

Improved health status of the community through strategies that focus on wellness and the factors that determine health 10

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven 14

Health system integration with partnerships that enhance access and minimize duplication 16

An organization that attracts and retains employees who feel valued and supported 17

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach 18

Renovation & Redevelopment Projects 19
The Future 20
Auditor's Report 21
Consolidated Statement of Financial Position 22
Consolidated Statement of Operations 23

LETTERS OF TRANSMITTAL

MARG MACDONALD, BOARD CHAIR

We are honoured to present the Brandon Regional Health Authority Annual Report for the fiscal year ending March 31, 2009.

This report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All known material, economic and fiscal implications have been considered in preparing the Annual Report.

Respectfully submitted, on behalf of the Brandon Regional Health Authority.

CARMEL OLSON, CHIEF EXECUTIVE OFFICER

The Brandon Regional Health Authority Strategic Plan spans the five-year period 2006/07 - 2010/11 and is reviewed on an annual basis to determine if the long-term direction remains relevant, in relation to external and internal environments. In accordance with our "planning cycle", we will begin working on the next 5-year plan this fall, utilizing the latest Community Health Assessment findings to inform the process.

The 2008/09 Annual Report is a summary of progress related to the achievement of actions that have been devised to address the strategic priorities set out by the Board. This status report is consistent with the format established for the annual health plan component and although some prior years activity is included, for the sake of brevity, it does not include all achievements and milestones.

The Brandon Region provides many programs and services on behalf of our neighbouring and other regions that are further remote. As well, numerous employees in a variety of roles throughout the organization participate in the planning and development of inter-regional strategies, as well as provincial initiatives. In addition, individuals and the Region have been recipients of awards that recognize outstanding achievement, by provincial and national organizations. Presentations highlighting some of our best practices have been made at provincial, national, and international conferences.

Demographics of the population will continue to pose challenges as we continue pursuit of a stable and sustainable workforce; however, planning and innovative recruitment/retention efforts are relentless. The downward trend in the economy will impact the health care system; therefore, we are anticipating fiscal restraints in an environment where there is increasing demand for services and escalating costs. We have experienced the first wave of Pandemic H1N1 and a second wave is anticipated in the fall of 2009 and into early 2010. Although the severity cannot be predicted, there are some lessons learned and there has been significant planning within the Region, with other regions, and with Manitoba Health personnel to ensure that we are prepared.

Appreciation is extended to direct service staff and managers for their contributions to the health care system and their outstanding dedication and commitment to quality and safety.

In closing, on behalf of the Executive Management Committee, I acknowledge the exceptional opportunities for communication with Ministry personnel and an ongoing positive working relationship.

THE REGION

The Brandon Region consists of a geographical area of approximately 67 square kms, encompassing the City of Brandon, the Rural Municipalities of Cornwallis, Elton and Whitehead.

As of 01 June 2008, Brandon has a resident population of 48,115, while 2,960 reside in Cornwallis, 1,337 in Elton, and 822 in Whitehead. The recent 2007 RHA total population data shows 17.6% of the population are under age 15; 67.6% are between the ages of 15 and 64; and 14.8% are over age 65. No First Nations communities are in the Brandon Region, yet approximately 9.6% are of Aboriginal origin (compared to 4% in the 1991 census data). Staff at the Brandon Friendship Centre estimate the number is closer to between 5,000 and 8,000; many are students at Brandon University or Assiniboine Community College who continue to register their place of residence as on-reserve.

The Brandon Regional Health Centre is a referral centre providing secondary and some tertiary services to the surrounding regions. It provides several community-based services established to serve the "Westman" region (e.g. mental health, diabetes education, sexually transmitted infections), the Brandon RHA serves a population of approximately 120,000 - 180,000, depending on the health needs from residents of Assiniboine, Parkland and Central Regions, and the eastern portion of the Province of Saskatchewan. "Providers of Service" reports indicate over 50% of specialist services are for people residing outside of the Brandon RHA. Hospitalization data confirms that approximately 35% of hospital days are attributable to non-residents.

The Brandon region has seen a significant increase in the number of immigrants and foreign workers since 2004. The 2006 Census data reported visible minorities comprised 4% of the region's population. The City of Brandon recorded the arrival of 172 immigrants in 2006 and another 641 in 2007, representing 5.8% of the total immigration for Manitoba. In 2007, Brandon also welcomed over 1000 foreign workers, many on a temporary work visa. A total of 95% of eligible workers have applied for landed immigrant status. Projections for 2011 indicate visible minorities will comprise 9.2% or greater of the total population, a figure close to the region's current Aboriginal population at 9.6%.

Brandon's unemployment rate is estimated at 4.1% (2009), which is similar to the provincial rate (4.2% in 2008), but lower than the national rate (8.6% as of June 2009). The rate is higher for males (5.5%) than for females (5.3%). Census data indicates average household incomes in Brandon have increased between 1996 ($41,727) and 2005 ($52,030), but remain lower than the provincial average. Individual income levels have also increased, but females at $27,323 remain significantly lower than males who average $35,961.

In Brandon's diversified economy, the regionally dominant primary industry is a small component, while the trade functions associated with its wholesale and retail trade are significant. Brandon has an extensive health and social services sector, reflecting its role as a regional centre.

The current population and economic growth has increased demand for affordable housing in Brandon.

BOARD GOVERNANCE

2009/2010 Board Members

Back Row: Darrell Racine, Dean Dietrich, DJ Scotty McIntosh, Rita Blaikie, Roland Vodon, Barbara Anne Smith.
Front Row: Jo-Anne Douglas, Charles Cuerrier, Margaret MacDonald, Perry Roque, Alison McNeill-Hordern.
Missing: Colin Macfarlane, Terry Parlow, Al Patterson

Board meetings are held at 7pm on the third Tuesday of each month in the City Hall Council Chambers.

Meetings are open to the public and also aired on WCG-TV.

Approved Board minutes are available online at www.brandonrha.mb.ca

The 2008/2009 board members were: Chair, Larry Hogue, Rita Blaikie, Bill Bryant, Charles Cuerrier, Jo-Anne Douglas, D.J. "Scotty" McIntosh, Margaret MacDonald, Colin Macfarlane, Terry Parlow, Al Patterson, Darrell Racine, Marion Robinsong, Roland Vodon

For the 2009/2010 fiscal year, Minister Oswald appointed three new Board members:
Alison McNeill-Hordern, Barbara Anne Smith and Perry Roque. Dean Dietrich has been appointed as the ARHA representative.

Margaret MacDonald has been reappointed for another 3-year term and takes over from Larry Hogue as Chair. Colin Macfarlane has been named Vice-Chair. D.J. Scotty McIntosh has also been reappointed for another 3-year term.

The Board has two standing committees: Finance/Audit and Executive. The Board Chair acts as liaison to the Provider Advisory Council.

Through executive limitation policies, the Board acts to ensure that the Health Plan is implemented, that funds are allocated appropriately, and that effective systems of control and legislative compliance are maintained.

THROUGH ITS FINANCE/AUDIT COMMITTEE, THE BOARD

- Reviews, approves and recommends financial disclosure
- Maintains oversight of internal control and management information systems
- Maintains communication with auditors
- Focuses on areas of significant risk to the Board.

ON BEHALF OF THE BOARD, MANAGEMENT

- Reports accurately, consistently and on a timely basis
- Selects and recommends policies, estimates and disclosures
- Maintains cost-effective internal control and management information systems.

ON BEHALF OF THE BOARD, EXTERNAL AUDITORS

- Assess the appropriateness of accounting policies, estimates and disclosures
- Review key financial internal control systems
- Provide value-added, cost-effective audit services
- Focus on areas of significant risk to the Board.

MONITORING THROUGH SURVEYS AND SELF-ASSESSMENTS

The Board of Directors conducts an annual self-assessment under the leadership of the Board Chair. The board discusses and interprets the outcome of the self-assessment and creates a work plan highlighting specific goals and objectives for improvement in identified areas.

BOARD ADVISORY COMMITTEES

Medical Advisory Committee (MAC) is comprised of physician clinical department chiefs, with representation from the Assiniboine RHA and the Brandon RHA Executive Management Team. The VP Medical & Diagnostic Services acts as Chair. MAC reviews departmental issues, makes recommendations for medical staff appointments, and provides advice on other matters.

Provider Advisory Council (PAC) is an advisory group that includes providers from a number of programs throughout the region. PAC offers professional and paraprofessional expertise and advice to the Brandon RHA Board of Directors. The Council promotes collaboration and effective working relationships among health care providers. PAC provides consultation and/or advice to the RHA on matters having an impact upon, or otherwise involving, the delivery of health services in the Region.

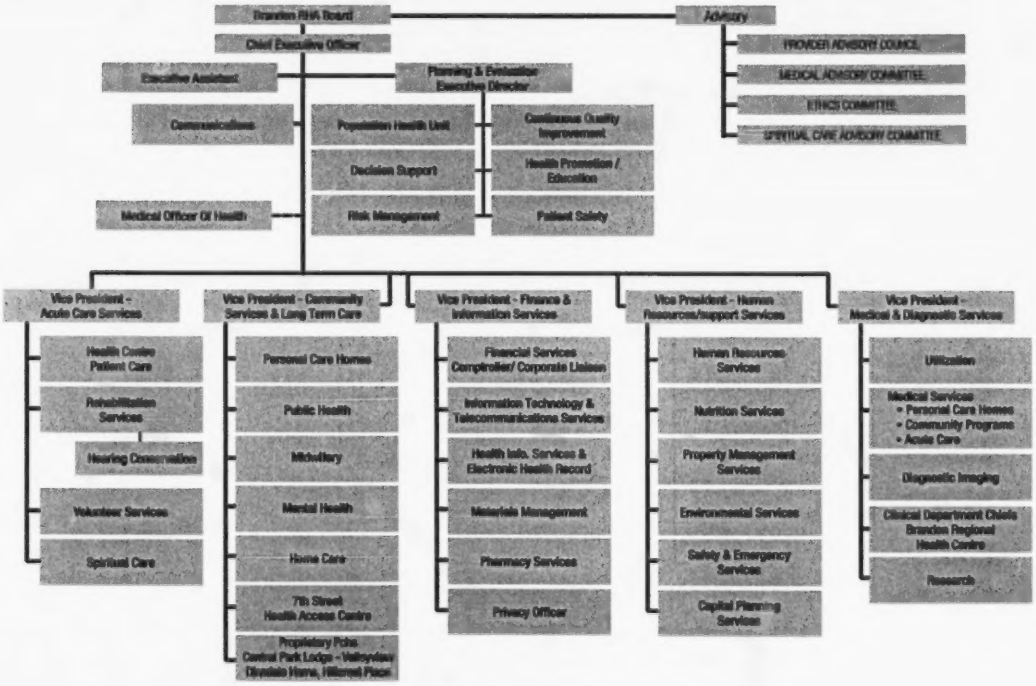
Spiritual Care Advisory Committee acts as a forum for discussing issues of how the local faith communities, clergy, Aboriginal Elders and the Brandon RHA might offer spiritual care in a collaborative, effective fashion.

Ethics Committee is a group of health professionals and community members from Brandon and Assiniboine Regions who assist families, individuals and healthcare providers to work through ethical issues.

PUBLIC REPRESENTATION ON RHA COMMITTEES

- Regional Diabetes Program Advisory Committee
- Sexual health Committee (business community member)
- Maternal Child Program team
- Cancer Care Coordinating Team
- Home Care Coordinating Team (Seniors for Seniors rep)
- Brandon Community Health Partners (many community agencies)
- Ethics Committee
- Expressions (Community Mental Health)
- Healthy Brandon Committees (stress, tobacco, nutrition, activity)

ORGANIZATIONAL STRUCTURE



EXECUTIVE MANAGEMENT COMMITTEE

CHIEF EXECUTIVE OFFICER
Carmel Olson

Reporting through the Chairman of the Board, the CEO is ultimately responsible for the administration and delivery of all health care services provided by the Brandon Regional Health Authority. Working closely with the senior management team, the CEO has primary responsibility for establishing a framework for future direction and providing leadership for strategic planning processes. An important role for this position is interaction with Manitoba Health, elected officials and other regions. As well, the CEO serves as the primary spokesperson for the Region, dealing with the media, staff and members of the public.

VICE PRESIDENT MEDICAL AND DIAGNOSTIC SERVICES
Dr. Charles Penner

- BRHC Clinical Department Chiefs
- Diagnostic Imaging
- Medical Services
- Research
- Utilization

VICE-PRESIDENT ACUTE CARE SERVICES
Bev Cumming

- Health Centre Patient Care
- Hearing Conservation
- Rehabilitation Services
- Volunteer Services

VICE PRESIDENT COMMUNITY AND LONG TERM CARE SERVICES
Jayne Troop

- 7th Street Health Access Centre
- Home Care
- Mental Health
- Midwifery
- Public Health
- Rideau Park and Fairview Personal Care Homes
- Liaise with Hillcrest Place, Dinsdale Home and Valleyview

VICE-PRESIDENT FINANCE AND INFORMATION SERVICES
Brian Schoonbaert

- Financial Services
- Health information & Electronic Health Services
- Information Technology & Telecommunication Services
- Materiels Management
- Pharmacy Services
- Privacy Officer

VICE PRESIDENT HUMAN RESOURCES AND SUPPORT SERVICES
Jason Marchand

- Capital Planning
- Environmental Services
- Human Resources
- Nutrition Services
- Property Management
- Safety & Emergency Services

COMPTROLLER/CORPORATE LIAISON
Janet Wilcox McKay

- Access & Privacy Coordinator for FIPPA
- Budget development processes
- Day-to-day operation of financial and payroll services
- Internal audit process

EXECUTIVE DIRECTOR PLANNING AND EVALUATION
Sue Hunter

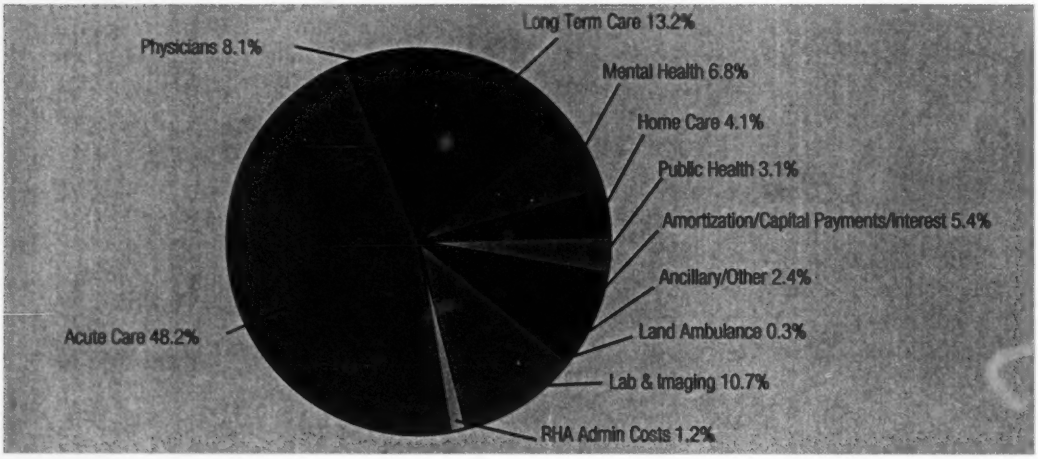
- Continuous Quality Improvement
- Decision Support
- Health Promotion/Education
- Patient Safety
- Population Health
- Regional Policies
- Risk Management

HEALTH SYSTEM INFRASTRUCTURE

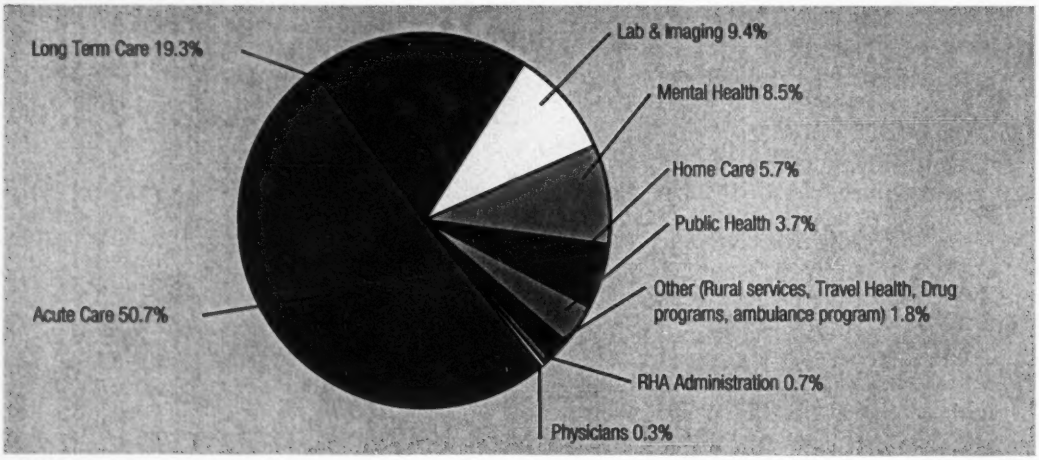
- **The Brandon Regional Health Authority employs about 2600 people in almost 1183 equivalent full-time positions.**

- **In the 2008/2009 fiscal year, volunteers provided over 52,503 of service at Rideau Park, Fairview and the Brandon Regional Health Centre.**

WHERE ARE THE DOLLARS SPENT?



WHERE DO THE STAFF WORK AT THE BRANDON RHA?



STRATEGIC PLAN

The Brandon Regional Health Authority's Strategic Plan is based on five strategic priorities. These priorities provide the direction for delivery of programs and services.

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

Health system integration with partnerships that enhance access and minimize duplication.

An organization that attracts and retains employees who feel valued and supported.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach

ACHIEVEMENTS 2008-2009

The region prepares a five-year Strategic Plan based on priorities established by the Board in consultation with staff and physicians. The process includes an environmental scan of information from multiple sources including community health assessment reports. The following information highlights the annual achievements from the Strategic Plan.

STRATEGIC PRIORITY:

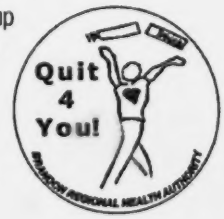
Improved health status of the community through strategies that focus on wellness and the factors that determine health.

ACTIONS:

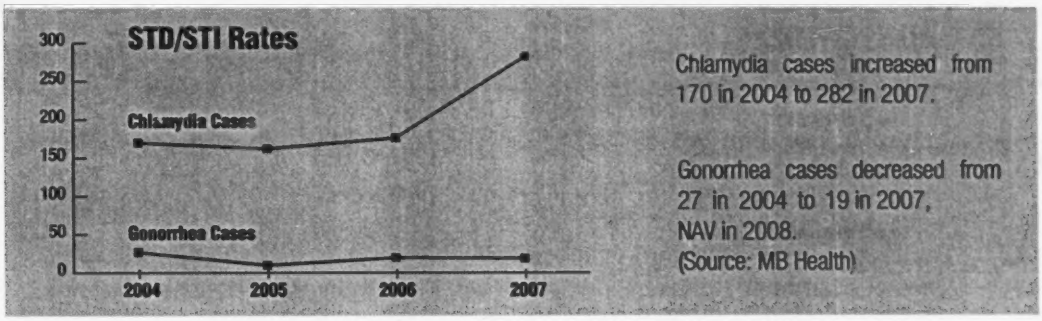
1. Complete implementation of the tobacco reduction strategy and support healthy public policy, e.g. by-laws & other strategies that prohibit or reduce smoking.
2. Sexually Transmitted Infection (STI) Strategy Implementation:
   - Monitor outcome targets established in 2005/06 & amended subsequently.
   - Develop & implement strategies to address incidence & prevalence, based on local epidemiology & resource capacity.
   - Support & participate in strategies to promote healthy, responsible sexual practice.
3. Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, and high school based programs.
4. Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding.
5. Develop and implement the Chronic Disease Prevention Initiative, based on a framework that addresses cardiac, respiratory and renal diseases as well as cancer. (Plan approved in March of 2006)
6. Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation.
7. Continue to implement the revised Regional Diabetes Program (RDP) with emphasis on the Aboriginal population.
8. Develop and implement a Renal Health (Pre-renal Insufficiency) Outreach Program in collaboration with the Manitoba Renal Program.
9. Develop a long-term plan to address the increasing incidence of mental illness in children, adults and the elderly (findings MCHP Report 2004), and implement Early Intervention Program ("First Contact for Youth Service").
10. Continue development and implementation of an Aboriginal-specific Health Strategy (a population health framework in consultation with Aboriginal groups).
11. Continue implementation of the 3-year Injury Prevention Plan in collaboration with Safe Communities Brandon & Area.

PERFORMANCE RESULTS:

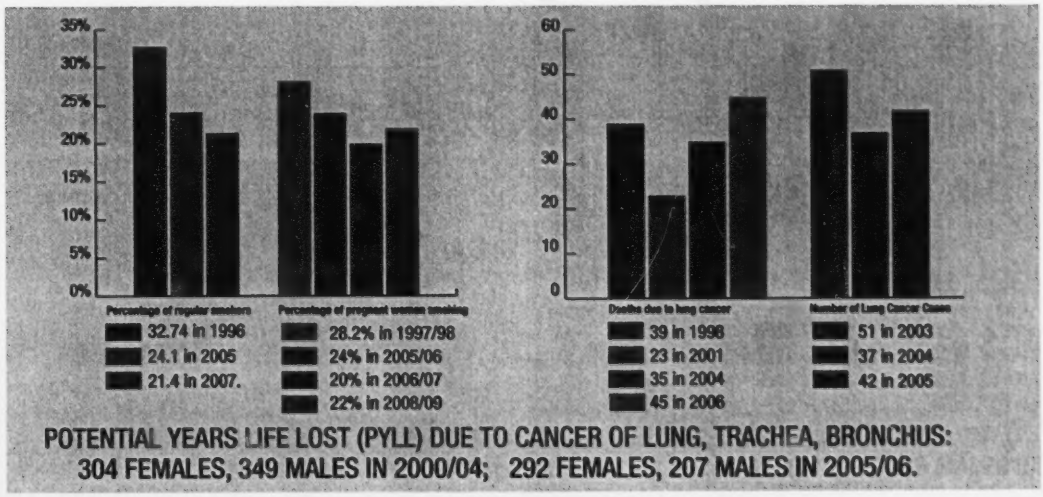
- The Brandon RHA Tobacco Dependence Program saw 930 new referrals and 576 follow-up visits. The majority of new in-house referrals came from the pre-op assessment program. The Tobacco Dependence Program was awarded start up grant funding to participate in the Ottawa Model for Smoking Cessation. In cooperation with the Brandon School Division, a region-wide data Youth Health Survey was administered to assess smoking habits of youth in grades 6-12. Data analysis and action planning to occur in 2009-10.



- Public Health received additional resources for STI information and education resources targeting non-English speaking residents of Brandon. The Brandon RHA continues to provide support to correctional institutions in education and testing of sexually transmitted infections and was approved to become an HIV Anonymous Testing Site.



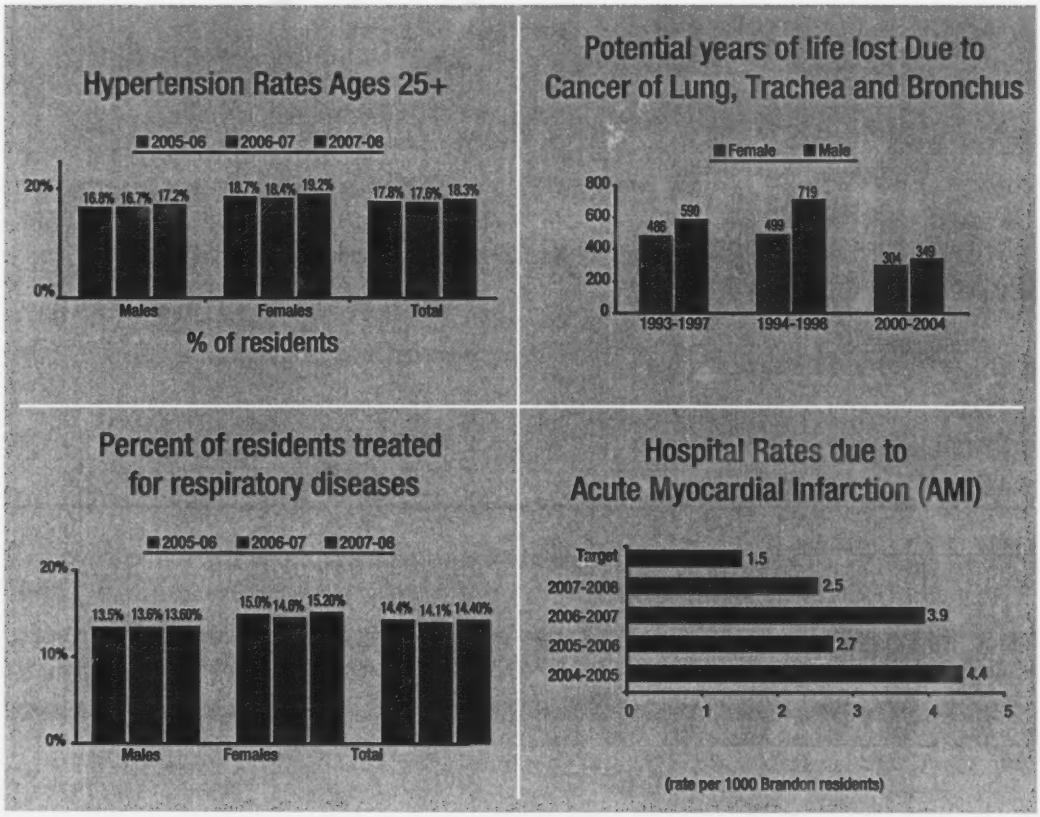
- Public Health continues to support healthy child development in children of teenage parents (ages 15 – 19) through the delivery of afternoon prenatal classes specific to this target group. Parenting skills training is provided through Families First and Healthy Beginnings at the Elspeth Reid Family Resource Centre and in partnership with the Manitoba Métis Federation at the Friendship Centre. A high school based pregnant and parenting teens program and day care opened in September 2007 at Crocus Plains High School, in partnership with Brandon School Division and Child & Family Services of Western MB. All Public Health Nurses and Families First Home Visitors have received training in "Triple P" (parenting program), and offer service through individual consultations.
- Of all of the women accessing prenatal care at the Friendship Center or during Canadian Prenatal Nutrition Program classes, 40% were teens. Of the women in the afternoon prenatal classes, 64% were 18 years old or younger; 21% of those young moms were less than 17 years old. The Brandon RHA saw an increase in the number of teen parents accessing prenatal care: 43 in 2006/07 and 67 in 2007/08. Of all the teenage moms (<18 years old) 63% were attending school.
- Breastfeeding initiation rates in the Brandon RHA were 75% in 2008-09. All maternal/child programs continue to offer support and encouragement to mothers to breast feed their babies.



- The Brandon Regional Health Authority developed a planning model for chronic disease prevention with focus areas on active living, healthy eating, tobacco reduction and stress reduction. Brandon has been officially enrolled as an "In Motion" community. With funding through the Chronic Disease Prevention Initiative, a Community Facilitator was hired to work with the target population of working adults ages 30 – 59, in the four areas. "Healthy

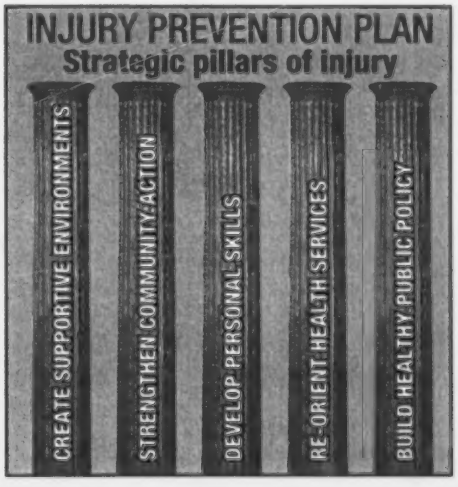
Brandon" has been formed to develop community capacity for healthy living with support from the Brandon RHA and community partnerships. Permanent funding for Healthy Living Facilitators has been received from the government and program enhancement is in development.

- Secondary health prevention programs in the region include cardiac, respiratory, and pain management clinics in the Brandon Regional Health Centre Ambulatory Care setting. The Brandon Regional Health Authority has adopted and put into practice the Get Better Together! chronic disease self-management program and delivered 8 classes throughout the region. Dedicated staff members from the RHA have collaborated to develop a Health Promotion Unit and Chronic Disease Team.



- The Brandon Regional Health Centre officially opened the Stroke Prevention Unit in October 2008 with the generous support of the Canadian Stroke Network and the Heart and Stroke Foundation of Manitoba. Ongoing funding for this worthwhile program has been requested through the Health Plan new initiative process. Over 200 patients are registered in the program. An updated protocol for the treatment of patients with Transient Ischemic Attacks (TIA) was implemented in the Emergency Room.
- The Regional Diabetes Program continues its successful activities, including the development of a physical activity strategy for the Westman area. Prairie Health Matters initiated a weight management program; the classes (a series over 6 weeks) are offered a couple of times a year. The 7th Annual Diabetes Gathering for Aboriginal people was held in 2008. A pre-diabetes research study, approved by Public Health Agency of Canada, was carried out February 2008 to March 2009. Prairie Health Matters was awarded the Standards Recognition Program through the Canadian Diabetes Association. This 5-year award was received in recognition of Excellence in Diabetes Care. The Renal Health Outreach Program saw the Pre Renal Insufficiency (PRI) nurse participate in sessions in Sioux Valley, Norway House and Sandy Bay/Amaranth.

- The Brandon RHA has a Mental Health Management Coordinating Team Strategic Plan in addition to each of the Mental Health program's Action Plans. The primary focus in this plan emphasizes partnerships, integration and wellness. Successes in this plan include:
  - Housing involvement locally and provincially
  - Portable Housing Benefit activated
  - Improved data collection and utilization
  - Dual Recovery Group has been established in partnership with AFM
  - Co-occurring Disorders (CODI) Assessment and Treatment Planning Tool developed and implemented across programs
  - Child Adolescent Treatment Centre (CATC) is an Accredited Triple P Parenting Facility
  - Common Cause Leadership Team (Bill of Rights developed)
  - Physical, Intellectual, Emotional, Capabilities, Environmental, Social (PIECES) training program continues to be delivered.
- The Mental Health Program in our region has begun work to redevelop a Community Trauma Team. Members of our Mental Health Team presented to a national Mental Health Commission on the successes of our Proctor program.
- The Aboriginal Health Strategy in the Brandon RHA includes a partnership Agreement with 15 Aboriginal groups, Federal and Provincial Government departments, and other community agencies. Aboriginal Recruitment and Retention Circle with partners has been established. The Region has a Service Purchase Agreement (SPA) with Friendship Centre for Mental Health programs. The Brandon Regional Health Centre houses a "Cultural Room" for privacy, smudging, and ceremonies. We offer a mentorship program in partnership with Service Canada and Advanced Education and Training for persons over 19 yrs of age who have dropped out of school. Our Aboriginal Workforce Initiative commenced in April 2003 and over 255 Aboriginal people have been hired up to April 2009. Members of the Brandon RHA participate in the Aboriginal Job Fair organized by Interprovincial Association on Native Employment (IANE) and participate in the Manitoba Métis Federation, Aboriginal Health Transition Fund Knowledge Network. Our proposal to the Aboriginal Adaptation Transition Fund was accepted with work underway to establish an Aboriginal Lens. An Aboriginal Health Liaison Team was hired and has developed the 'Aboriginal Lens' by which to gather data and recommendations from the Aboriginal community to determine how to increase access to our programs and services; the Team is currently conducting focus groups.
- Injury Prevention Plan developed in partnership with Brandon Safe Communities includes the following priorities: falls prevention in seniors, falls prevention in children, motor vehicle injuries and young worker injuries. Safe Communities Brandon and Area received the Injury Free Manitoba Award Fall 08. The Brandon RHA launched a falls prevention program and related policies in the acute care and long term care settings. In collaboration with community partners, all public playgrounds in the City of Brandon have been assessed using CSA Standards with plans to upgrade specific playgrounds underway. A Motor Vehicle Collision working group was established including Brandon Police Service, Manitoba Public Insurance, Department of Transportation, City of Brandon and Safe Communities Brandon and Area. The Suicide Prevention Implementation Network will be hosting a national conference in the fall of 2009. Preventing young worker injury workshops increased to twice annually in 2008. Our Safe Kids Week event teamed up with the Westman Dream for Kids Country Fair featuring the DASH tent event (children bring teddy bears for treatment, care and health promotion by RHA staff). Plans are underway to integrate the Safe Kids planning committee as a working group with Safe Communities Brandon and Area.



STRATEGIC PRIORITY:

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

ACTIONS:

1. Participate in the Provincial Wait List Reduction Strategy in collaboration with Manitoba Health and the Assiniboine RHA:
   - Support the establishment of a short-term acute Rehab Unit in Rivers.
   - Support the development & implementation of an arthroscopy service in Minnedosa.
   - Increase the number of hip and knee replacements/revisions performed at the Brandon Regional Health Centre (excludes hip fracture repairs, which average 80 cases/year).
   - Increase the number of cataract surgeries performed at the Brandon Regional Health Centre (and Minnedosa).
2. Reconfigure A2 and A3 inpatient units to create compatible patient groupings and improve utilization: A3 - Waiting Placement 26, Supportive Care 12, Palliative 12; A2 - Complex Medical 25, Stroke 12, Ortho Rehab 12.
3. Increase the number of medical beds to a minimum of 12 and complete renovations to the 4th and 5th floors of the General Centre to accommodate increased medical beds.
4. Implement strategies that improve access to physician specialist services, in collaboration with MHHL and the two major clinics, informed by the "Physician Satisfaction Survey Action Plan".
5. Implement recruitment strategies and incentives that will facilitate achievement of the physician resource plan.
6. In collaboration with the Department of Family Practice and MB Health, develop a "Hospitalist" model based on best practices, and implement it in accordance with timelines established for the recruitment.
7. Implement a Regional Infection Control Program with a Coordinator.
8. Complete the development, implementation, and monitoring of a Pandemic plan
9. Continue to secure capital and operating funding for the Capital Management Plan, specialized equipment, and safety/security projects.
10. Complete the development and implementation of a Radiation Therapy Unit in collaboration with Manitoba Health and CancerCare Manitoba (CCMB).
11. Improve accountability in the Emergency Room and promote a shift in efficient use of resources between care and prevention. Develop a plan to address wait time outliers.

PERFORMANCE RESULTS:

- The Rehab Unit in Rivers established in collaboration with Assiniboine Regional Health Authority has shown increased use. This is an effective strategy to support the orthopedic program in Brandon and to improve the outcomes/earlier recovery for patients undergoing orthopedic surgery. The Arthroscopy program in Minnedosa continues. Brandon's hip replacement specialist arrived in February 2008.
- Reconfiguration of A2 and A3 (rehab, waiting placement, and palliative care) was completed using internal funds and donations. Utilization of Palliative Care patients often exceeds the number of designated palliative beds.
- Phase 1 of renovations to the 4th floor of the BRHC General Centre is completed. The need continues to increase the number of medical beds at BRHC. A request for additional operating funds to increase medical beds was submitted to Manitoba Health and Healthy Living. Renovations to 5th floor are to be facilitated through the RHA capital management plan and safety/security funds.
- In 2008/09, Brandon RHA hosted 36 medical students and residents. Physicians in Brandon participated in the Clinical Field Assessments of 13 International Medical Graduates. The Brandon RHA recruited three physician specialists; one ER physician, six Family Practice physicians and three midwives.
- The Brandon RHA created a modified Hospitalist Model to care for patients without a family physician, or for those whose family physician chooses not to have admitting privileges. At fiscal year-end we had one full-time and one part-time Hospitalist on staff, caring for an average 27-35 unassigned patients per day who are admitted under this model. As of March 31, 2009, six family practice physicians had surrendered their admitting privileges.
- The Brandon RHA received funding from Manitoba Health and Healthy Living to hire a Regional Infection Control Coordinator. As of March 31, 2009, the job description was created and posted (filled).
- Implementation of Regional Pandemic Plan continues. The Brandon RHA hosted a Pandemic 'table-top' theoretical exercise with community partners. Planning continues on a regional, provincial and national level.
- The following additional funding was received from Manitoba Health in the 2008/09 year:
  - Baseline: $8,537,600 (5.7%)
  - Emergency Medical Services: $577,642
  - Safety/Security: $1,224,449 (5 projects)
  - Specialized/IT Equipment: $810,436 08/09 $716,750
  - MB Health Basic Equipment Funding: $1,793,000
- Room Renovation allocation of $555,689 came from our operating budget.
- Progress towards the development of a local comprehensive Western Cancer Centre in Brandon included the creation of a Steering Committee and Working Group with representatives from RHA/CCMB/MHHL. The Western Cancer Centre will include Clinics, Chemotherapy, and Radiation Therapy. 2008/09 saw the successful recruitment of a Radiation Oncologist, Electronics Technician and Medical Physicist. They are currently receiving their training at CancerCare Manitoba in Winnipeg. The machine used to deliver the radiation, a Linear Accelerator, has been purchased.

STRATEGIC PRIORITY:

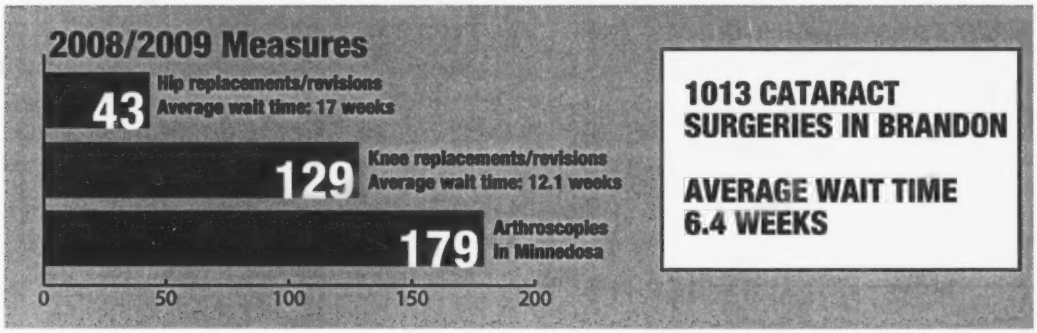
Health system integration with partnerships that enhance access and minimize duplication.

ACTIONS:

1. Continue to develop and implement a Region-wide integrated electronic health record (EHR).
2. Update and submit a proposal to Manitoba Health & Healthy Living (MHHL) for the development and implementation of a community-based Acquired Brain Injury Program (ABI) in collaboration with the ABI Interest Group (Westman).

PERFORMANCE RESULTS:

- Implementation of the Electronic Health Record (EHR) continues with multiple applications installed and integrated. Lab Information System (LIS), Radiology Information and Picture Archiving Communication Systems (RIS/PACS), Pharmacy, Dietary, and OR Scheduling have been implemented. There has been continued implementation of Community EHR (Procura) into programs including Home Care, Mental Health, Public Health, etc. The team continues implementation of the Document Management System (Scanned records) to ensure timely access to information. 2008/09 saw successful implementation of Electronic Signature to all physicians. Overall Implementation Status: 73% (based on active/approved implementations).

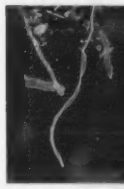


- The Brandon RHA has submitted a proposal to MHHL requesting funding consideration for an Acquired Brain Injury support program. A thorough assessment has been completed with the results identifying a need for community-based intensive case management.

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters in the Manitoba public service, and strengthens protection from reprisal. The Brandon Regional Health Authority did not receive any disclosures under this legislation; therefore, no investigations or reports ensued.

STRATEGIC PRIORITY:



An organization that attracts and retains employees who feel valued and supported.

ACTIONS:

1. Ensure the development and implementation of a comprehensive strategic Human Resource Plan that includes: Strategic direction, Environmental scan (technical, external influences, etc.), Internal departmental & organizational analyses, HR Department review, Current and future human resources supply and demand, Quality of work life review, HR initiatives, Recommendations, Evaluation.
2. Ensure effective communication strategies throughout the Region.
3. Support implementation of a Child Day Care for the RHA employees.
4. Implement an Employee Wellness Program in collaboration with the Wellness Committee.

PERFORMANCE RESULTS:

- Restructuring of the Human Resources Department has been completed. Implementation of Quadrant Human Resources (QHR) Payroll and Human Resources Information System (HRIS) computer applications is completed. Significant Human Resource policy review and development occurred in 2008/09. Phase 1 of the Regional Education Program has been approved by Executive Management and presented to the Regional Leadership Team and Regional Educators with implementation underway. Human Resource development teams continue working on Recruitment, Attendance Management, Employee Handbook, Website development and Electronic HR file. The Respectful Workplace policy and campaign has been completed and continues to be applied and enforced.
- The Management Development Program continues to be popular with New Managers learning advanced HR skills in Recruitment, Progressive Discipline, Attendance and Performance Management, ESP/Scheduling and HR related Mental Health education. Much work has been completed with regards to Disability Management in the region, including policy development, form development and region wide education. The Human Resource Department conducted a region wide review of Scope of Practice. The region has implemented the Manitoba Nurses' Union (MNU) Mentorship system. A grant program was implemented for RNs/RPNs/LPNs that emulates the Provincial Nurses Recruitment /Retention Committee program.
- The Executive Management Team continues with monthly "Regional Leadership Team" forums. In addition to these half-day meetings, the entire organization management team also meets quarterly. Our CEO, Carmel Olson, provides monthly written reports to the Brandon Regional Health Authority Board. A Joint Conference Committee has been established between the Board, Physicians and Management of the organization. The CEO is now a permanent attendee at the Medical Advisory Committee (MAC). The Regional Responder is a monthly newsletter that has been developed to help inform staff of the goings-on in the organization.
- Partnership opportunities with the Brandon Family YMCA continue to be explored to provide quality day care for employees of the Brandon Regional Health Authority. Draft partnership agreements are being developed. Functional program plans for a day care have been developed. Site location and programming are in development stages.
- The Regional Wellness Committee has been very active and successful in sponsoring and supporting a large variety of Staff Wellness programs and activities. A smoking cessation program has been successfully implemented. Fitness centres have been established at three sites with excellent staff utilization.

STRATEGIC PRIORITY:

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach

ACTIONS:

1. Acquire resources to facilitate and monitor the requirements for patient safety initiatives.
2. Participate in the "Safer Health Care Now!" campaign:
   - Deploy rapid response teams
   - Deliver reliable, evidence-based care for acute myocardial infarction
   - Prevent adverse drug events
   - Prevent central line infections
   - Prevent surgical site infections
   - Prevent ventilator-associated pneumonia (VAP)
3. Conduct patient safety leadership Walk Rounds
4. Implement Accreditation Canada Patient Safety Goals and Organizational Practices.
5. Conduct a Climate of Safety Survey.
6. Monitor and report adverse events and critical incidents in accordance with policy.
7. Utilize Root Cause Analysis for critical incidents.
8. Provide reports on patient safety to the Board semi-annually, including resolution/improvement.

PERFORMANCE RESULTS:

- Funding for a Patient Safety Officer has been received from Manitoba Health & Healthy Living and the position is filled.
- The Brandon RHA did not enroll in Rapid Response Teams or Prevent Central Line Infection campaigns. Instead work has begun to develop a modified Rapid Response team and portions of the Central Line Infection campaign have been adopted into practice in the region. A team has been established for Acute Myocardial Infarction (AMI) and a clinical practice guideline was developed; Measures of success of this campaign include:
  - Aspirin at arrival and discharge for AMI patients: 100% as of December 08
  - Statins and Beta Blockers at discharge 100% as of December 08
  - ACE Inhibitors at discharge 33% as of December 08
  - Smoking Cessation referral 100% (December 08)
  - Thrombolytic Agent Median time from door to drug administration: 41 minutes. (Jan to Dec 08).
  - Ventilator Acquired Pneumonia (VAP) improvement successes include elevation of head of bed 100%.
  - Surgical Site Infection controls include the administration of prophylactic antibiotic. The timing before and after surgery 43% and 47%; target is 95%.
- The Brandon RHA Enrolled in medication reconciliation and the ICU collaborative (includes end-of-life care) in 2008/09. Medication reconciliation on admission has been implemented in acute care, home care and long term care; Acute Care – rate of potential harm decreased from 73% (baseline) to 27% in January 2008; LTC – rate of potential harm decreased from 80% (baseline) to 20% July 2007. Home Care – Med rec success index 98% (Jan 2008). Med reconciliation on discharge planning underway.
- The Brandon RHA has a robust Critical Incident Review Process in place. We had 10 Critical and 4 Critical (non-clinical) occurrences in the region in 2008/09. Root Cause Analysis was performed and process reviews were conducted after each critical incident, with Action Plans developed to prevent any reoccurences.

- Patient Safety Leadership Walk Rounds were established in February 2007. There were six conducted in 2007/08 and two conducted in 2008/09.
- A Climate of Safety Survey was previously conducted in 2004 with an overall score of 3.86/5; when re-administered in 2007, the score was 3.89/5. The next survey is scheduled to be conducted in 2010.
- The Brandon RHA continues to actively support the "It's Safe to Ask" campaign and other initiatives sponsored by the Manitoba Institute for Patient Safety.
- Patient Safety monitoring reports continue to be prepared and presented to the Board on a semi-annual basis.

2008/2009
RENOVATION & REDEVELOPMENT PROJECTS

ITEM DESCRIPTION	PROGRAM/SERVICE	COST ($)
ACUTE CARE:		
Removal of carpet from main floor and replace with tarkett flooring	BRHC Assiniboine Centre	$32,009
Installation of wall suction to beds on outside walls on Mod 1 and Mod 2 beds (A306 C & D - 1 between, A307 A & B - 1 between, A301A, and A303D) 02 in the tub room on Mod 2 and both shower rooms Relocate medical oxygen and vacuum outlets from Manager's Office	BRHC Assiniboine Centre 3rd Floor	$20,683
Burn/Bariatic shower for Rehab Treatment & hygiene needs of all bariatic patients in hospital	BRHC Assiniboine Centre – Rehab Treatment	$4,578
Convert A217 B, C, & D to a patient independent living suite (A2 Redevelopment - Phase 2)	BRHC Assiniboine Centre 2nd Floor	$32,115
COMMUNITY AND LONG TERM CARE:		
Nursing Room Station	Home Care	$6,480
Seclusion Room	Mental Health – Centre for Geriatric Psychiatry	$10,208
Sinks/taps 13 rooms	Mental Health – Centre for Geriatric Psychiatry	$7,368
Panic Alarm	Mental Health – Centre for Geriatric Psychiatry	$8,315
Expansion into additional space	Public Health	$205,161
Expansion into additional space	Midwifery	$60,000
SUPPORT SERVICES:		
Laundry Parapet Bricks	Facility Engineering Services	$27,500
Arc Flash Study	Facility Engineering Services	$20,763
Removeal of Dryer Ducting	Facility Engineering Services	$10,028
Aboriginal Smudge Room	Human Resources	$1,241
Way finding signage – phase 1	Facility Engineering Services	$4,173
FVH – Repairs to parking lot	Facility Engineering Services	$8,424
Finance & Information:		
Accounts Receivable work station	Finance and Information Services	$1,500
Total		**$460,546**

THE FUTURE

In our ever-changing environment, the challenges facing us in the future are many. Our population is becoming more and more diverse, necessitating adaptation not only of our communication methods and print materials, but also of RHA programs and service delivery.

Enhanced screening programs and technologies have increased demand for services in the GI Unit and Surgical Program. This has created extensive wait lists. Addressing the issues surrounding the length of wait is a top priority for our organization.

Clients are becoming better health care consumers and as such are becoming much more involved in the care they receive. In order to respond and promote their involvement, the region is working on enhancing our Advanced Care Planning services.

The number of palliative patients at the Brandon Regional Health Centre often exceeds the number of palliative beds available on the designated Palliative Unit. Close attention will be paid to observe this trend, with possible expansion to be determined in the future.

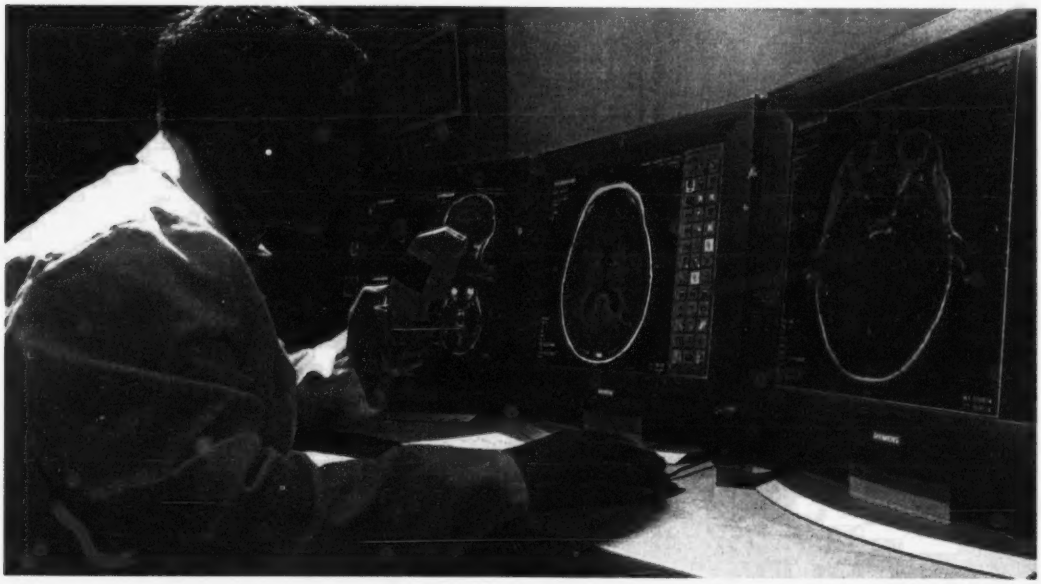
The trend of increasing demand for safe and affordable housing in Brandon continues to be a challenge. The Brandon RHA continues to work closely with community partners to accommodate the housing needs of our clients.

Increasing utilization of the inpatient units and the aging infrastructure in the General Centre adds pressure to try to expedite the renovation and expansion plans on the 5th floor.

Continued work on the implementation of Electronic Health Records will support our efforts to improve communication and enhance patient safety.

Work continues on the development of the Western Regional Cancer Centre, with construction to begin in the fall of 2009.

Demographics of the population will continue to pose challenges as we continue pursuit of a stable and sustainable workforce; however, planning and innovative recruitment/retention efforts are relentless. The downward trend in the economy will impact the health care system; therefore, we are anticipating fiscal restraints in an environment where there is increasing demand for services and escalating costs.



Deloitte.

Deloitte & Touche LLP
360 Main Street
Suite 2300
Winnipeg MB R3C 3Z3
Canada
Tel: 204-942-0051
Fax: 204-947-9390
www.deloitte.ca

AUDITORS' REPORT

To the Board of Directors of
Brandon Regional Health Authority

We have audited the consolidated statement of financial position of Brandon Regional Health Authority as at March 31, 2009 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of Brandon Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Winnipeg, Manitoba
June 24, 2009

BRANDON REGIONAL HEALTH AUTHORITY

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

March 31	2009	2008
ASSETS		
CURRENT		
Cash	$ 10,822,801	$ 2,026,046
Accounts receivable (Note 3)	3,929,164	5,995,360
Inventories	1,427,950	1,315,299
Prepaid expenses	1,744,373	2,238,556
Due From Manitoba Health & Healthy Living - Vacation	7,224,269	7,224,269
Due From Manitoba Health & Healthy Living - Vacation Non-Devolved Facilities	788,820	788,820
	25,937,377	19,588,350
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement	9,191,179	9,191,179
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement Non-Devolved Facilities	826,654	826,654
INVESTMENTS (Note 4)	3,829,230	3,766,526
CAPITAL ASSETS (Note 5)	101,993,695	104,781,883
	$ 141,778,135	$ 138,154,592
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	$ 10,106,035	$ 8,945,247
Bank advances	926,708	1,099,906
Employee Future Benefits - Vacation	9,891,343	9,121,767
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation	788,820	788,820
Current portion of long term debt (Note 7)	110,515	103,770
	21,823,421	20,059,510
EMPLOYEE FUTURE BENEFITS - Pre-retirement	12,474,540	12,126,433
DUE TO NON-DEVOLVED FACILITIES - Employee Future Benefits - Pre-retirement	826,654	826,654
LONG TERM DEBT (Note 7)	643,546	754,061
DEFERRED CONTRIBUTIONS (Note 8)		
Expenses of future periods	1,539,192	1,727,395
Capital assets	97,855,985	99,479,066
	135,163,338	134,973,119
NET ASSETS		
Invested in capital assets (Note 9)	1,723,555	1,944,822
Internally restricted (Note 10)	3,784,734	3,322,266
Externally restricted (Note 10)	28,242	28,202
Unrestricted	1,078,266	(2,113,817)
	6,614,797	3,181,473
COMMITMENTS AND CONTINGENCIES (Note 12)		
	$ 141,778,135	$ 138,154,592

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 24, 2009. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-571-8400.

BRANDON REGIONAL HEALTH AUTHORITY

CONSOLIDATED STATEMENT OF OPERATIONS

For the year ended March 31	2009	2008
REVENUE		
Manitoba Health & Healthy Living operating income		
Income as per Funding Document (excluding funding related to Capital and Interest)	$ 166,056,547	$ 154,315,375
One Time Funding	1,598,015	1,445,014
Retroactive Salary Payments	956,589	874,039
Recovery of Non Global Items	346,779	1,436,206
Other Manitoba Health & Healthy Living Income	4,654,327	4,493,635
Total Manitoba Health & Healthy Living Funding (Note 11)	173,612,257	162,564,269
Non-insured income	8,121,443	8,691,997
Other Income	3,316,131	3,481,550
Amortization of deferred contributions	9,436,065	9,049,675
Capital revenue - Non Devolved Facilities	346,764	540,303
Ancillary revenue	3,610,896	3,867,345
	198,443,556	188,195,139
EXPENSES		
Acute Care Services	111,935,883	107,092,483
Long Term Care Services	24,913,244	23,954,173
Medical Remuneration - All Programs	15,881,169	14,105,563
Community Based Mental Health Services	12,752,374	12,065,026
Community Based Home Care Services	6,888,692	6,368,231
Community Based Health Services	5,972,799	4,917,039
Land Ambulance	577,644	557,436
RHA Administration Costs	3,256,678	2,909,524
Amortization of capital assets	8,011,216	8,616,175
Capital payments Facilities	346,764	540 303
Interest on capital lease	-	7,024
Interest on long term debt	87,575	126,576
Other operating expenses	1,376,217	1,750,156
Ancillary expenses	3,080,651	3,464,597
	195,080,906	186,474,306
Excess of revenue over expenses for the year	$ 3,362,650	$ 1,720,833
ALLOCATION OF EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES:		
Investment in Capital Assets - Manitoba Health & Healthy Living Activities	$ (586,591)	$ (841,437)
Unrestricted - Manitoba Health & Healthy Living Activities	3,781,763	2,625,681
Investment in Capital Assets - Non Manitoba Health & Healthy Living Activities	(451,247)	(508,319)
Internally Restricted - Non Manitoba Health & Healthy Living Activities	618,685	443,870
Externally Restricted	40	1,038
	$ 3,362,650	$ 1,720,833

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 24, 2009. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-571-8400.

BRANDON RHA PROGRAMS AND SERVICES

Brandon Regional Health Centre (BRHC)
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4000 Fax: 578-4876
- Cancer Program (chemotherapy)
- Cast Clinic
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- Heart Program
- Infection Control
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Lactation Consultant
- Neonatal Intensive Care Unit
- Ostomy/Wound Care
- Paediatrics
- Pain Management
- Palliative Care/Waiting Placement
- Prehab Program
- Renal Unit (Dialysis)
- Respiratory Program
- Rehabilitation Services
- Short Term Emergency Program (STEP)
- Surgical Suite
- Tobacco Dependence Program
- Stroke Prevention Clinic
- Preoperative Assessment Clinic
- Renal Insufficiency Clinic

Diagnostic Services
- MB Breast Screening Program
- Bone Density
- CT Scan
- Echocardiology
- Electrocardiography (ECG)
- Electroencephalography (EEG)
- Fluoroscopy
- General Imaging (X-Ray)
- Mammography
- MRI
- Nuclear Medicine
- Pacemaker Clinic
- Respiratory Services
- Ultrasound

Regional Rehabilitation
- Communication Disorders
- Children's Therapy Initiative
- Occupational Therapy
- Physiotherapy
- Neuropsychology Clinics
- Recreation Therapy

Allied Health Services
- Health Resource Centre
- MB Telehealth
- Medical Services
- Pharmacy, Rural Pharmacy
- Practice Guidelines Facilitator
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Regional Laboratory

Public Health
A5 - 800 Rosser Avenue,
The Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8446 Fax: 726-8743
- Child Health Clinics
- Communicable Disease Control
- Community Nutritionist
- Community Postpartum Program
- Families First Program
- Healthy Beginnings—A Healthy Baby Program
- Immunization Services
- Prenatal Sessions
- School Health Program
- Sexual Health Program
- Travel Health Services
- Unified Referral Intake System

Audiology Services
Ph: 571-8366

Health Promotion Program
Unit C5 – 800 Rosser Avenue
Brandon, MB R7A 6N5
Ph: 571-2193

Medical Officer of Health
Ph: 571-8395

Midwifery Services
531 Princess Avenue
Brandon, Manitoba R7A 0P1
Ph: 571-5530 Fax: 571-5537

Prairie Health Matters
Ph: 571-8357
- Diabetes & Heart Health

Palliative Care
Ph: 571-8429

Regional Planning/Human Resources/Support/Financial Services
- Biomedical Services
- Capital Planning
- Clinical/Evaluation Analyst
- Continuous Quality Improvement
- Decision Support
- Safety & Emergency Services
- Environmental Services
- Facility Engineering Services
- Financial Services
- Health Information & Electronic Health Record
- Health Promotion
- Human Resources
- Information Technology & Telecommunications
- Materiels Management
- Nutrition Services
- Occupational Health
- Population Health
- Privacy Officer
- Property Management
- Risk Management

Home Care Services
150—B 7th Street
The Town Centre
Brandon, Manitoba R7A 7M2
Ph: 571-8416 Fax: 726-5720
Referral line: 571-8427
homecare@brandonrha.mb.ca
- Adult Day Program
- Appeal Process
- Assessment & Application for - Personal Care Home
- Assessment & Case Management
- Equipment & Supplies
- Family Relief
- Home Support & Personal Care Assistance
- Manitoba Home Oxygen program
- Nursing & Therapy Services
- Care Giver Relief & Respite Care
- Self Care/Family Managers Care
- Services for Seniors
- Supportive Housing
- Brandon PCH Wait List Management

7th Street Health Access Centre
20 - 7th Street
Brandon, Manitoba R7A 6M8
Ph: 578-4800 Fax: 578-4950
- Adult Community Mental Health Worker
- Community Health Nurse
- Community Social Worker
- Community Support Workers
- Cultural Facilitators (Spanish, Russian, Mandarin)
- Housing Resource Worker
- Income Tax Program
- Mental Health Peer Education
- Needle distribution program/ sharps drop off site
- Service Navigator
- Community Support Facilitator (seniors & young disabled)
- Community Addictions Services - Addictions Foundation of Manitoba
- Family Services & Housing (off peak bus pass exchange site)
- Family Violence Outreach Worker - YWCA Westman Women's Shelter
- Free Community phone, Voicemail, computer & Internet access
- Free shower and washer & dryer facilities

Long Term Care

Fairview Home
1351 - 13th Street
Brandon, Manitoba R7A 4S6
Ph: 728-6696 Fax: 727-7616

Rideau Park Personal Care Home
525 Victoria Ave. East
Brandon, Manitoba R7A 6S9
Ph: 727-1734 Fax: 726-6690
Associated with:
Hillcrest Place Personal Care Home, Dinsdale Personal Care Home & Central Park Lodge Personal Care Home

Mental Health Services

Centre for Adult Psychiatry (CAP)
BRHC - 150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4555 Fax: 578-4940

Centre for Geriatric Psychiatry (CGP)
BRHC - Assiniboine Centre
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4560 Fax: 578-4948

Child & Adolescent Treatment Centre (CATC)
1240 - 10th Street
Brandon, Manitoba R7A 7L6
Ph: 727-3445 Fax: 727-3451
Toll Free: 1-866 403-5459

Community Mental Health
B13 - 800 Rosser Avenue,
The Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8300 Fax: 726-8684
- Psychosocial Rehabilitation
- Adult Community Mental Health
- Mental Health Services for the Elderly

Westman Crisis Services
Mobile Crisis Unit 725-4411
or toll free: 1-888-379-7699

BRANDON RHA COMMENT LINE
(204) 578-2104 OR 1-800-735-6596

BRANDON REGIONAL HEALTH AUTHORITY
150A 7TH STREET, BRANDON, MB R7A 7M2 • PH: (204) 571-8400 ~ FAX: (204) 726-8505 • WWW.BRANDONRHA.MB.CA

Consolidated Financial Statements of

BRANDON REGIONAL HEALTH AUTHORITY

March 31, 2009

	Page
Auditor's Report	2
Consolidated Statement of Financial Position	3
Consolidated Statement of Operations	4
Consolidated Statement of Changes in Net Assets	5
Consolidated Statement of Cash Flows	6
Notes to the Consolidated Financial Statements	7 - 20

Deloitte.

Deloitte & Touche LLP
360 Main Street
Suite 2300
Winnipeg MB R3C 3Z3
Canada

Tel: 204-942-0051
Fax: 204-947-9390
www.deloitte.ca

AUDITORS' REPORT

To the Board of Directors of
Brandon Regional Health Authority

We have audited the consolidated statement of financial position of Brandon Regional Health Authority as at March 31, 2009 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of Brandon Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Winnipeg, Manitoba
June 24, 2009

Brandon Regional Health Authority
Consolidated Statement of Financial Position

March 31	2009	2008
ASSETS		
CURRENT		
Cash	$ 10,822,801	$ 2,026,046
Accounts receivable (Note 3)	3,929,164	5,995,360
Inventories	1,427,950	1,315,299
Prepaid expenses	1,744,373	2,238,556
Due From Manitoba Health & Healthy Living - Vacation	7,224,269	7,224,269
Due From Manitoba Health & Healthy Living - Vacation Non-Devolved Facilities	788,820	788,820
	25,937,377	19,588,350
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement	9,191,179	9,191,179
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement Non-Devolved Facilities	826,654	826,654
INVESTMENTS (Note 4)	3,829,230	3,766,526
CAPITAL ASSETS (Note 5)	101,993,695	104,781,883
	$ 141,778,135	$ 138,154,592
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	$ 10,106,035	$ 8,945,247
Bank advances	926,708	1,099,906
Employee Future Benefits - Vacation	9,891,343	9,121,767
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation	788,820	788,820
Current portion of long term debt (Note 7)	110,515	103,770
	21,823,421	20,059,510
EMPLOYEE FUTURE BENEFITS - Pre-retirement	12,474,540	12,126,433
DUE TO NON-DEVOLVED FACILITIES - Employee Future Benefits - Pre-retirement	826,654	826,654
LONG TERM DEBT (Note 7)	643,546	754,061
DEFERRED CONTRIBUTIONS (Note 8)		
Expenses of future periods	1,539,192	1,727,395
Capital assets	97,855,985	99,479,066
	135,163,338	134,973,119
NET ASSETS		
Invested in capital assets (Note 9)	1,723,555	1,944,822
Internally restricted (Note 10)	3,784,734	3,322,266
Externally restricted (Note 10)	28,242	28,202
Unrestricted	1,078,266	(2,113,817)
	6,614,797	3,181,473
COMMITMENTS AND CONTINGENCIES (Note 12)		
	$ 141,778,135	$ 138,154,592

Brandon Regional Health Authority
Consolidated Statement of Operations

For the year ended March 31	2009	2008
REVENUE		
Manitoba Health & Healthy Living operating income		
Income as per Funding Document (excluding funding related to Capital and Interest)	$ 166,056,547	$ 154,315,375
One Time Funding	1,598,015	1,445,014
Retroactive Salary Payments	956,589	874,039
Recovery of Non Global Items	346,779	1,436,206
Other Manitoba Health & Healthy Living Income	4,654,327	4,493,635
Total Manitoba Health & Healthy Living Funding (Note 11)	173,612,257	162,564,269
Non-insured income	8,121,443	8,691,997
Other Income	3,316,131	3,481,550
Amortization of deferred contributions	9,436,065	9,049,675
Capital revenue - Non Devolved Facilities	346,764	540,303
Ancillary revenue	3,610,896	3,867,345
	198,443,556	188,195,139
EXPENSES		
Acute Care Services	111,935,883	107,092,483
Long Term Care Services	24,913,244	23,954,173
Medical Remuneration - All Programs	15,881,169	14,105,563
Community Based Mental Health Services	12,752,374	12,065,026
Community Based Home Care Services	6,888,692	6,368,231
Community Based Health Services	5,972,799	4,917,039
Land Ambulance	577,644	557,436
RHA Administration Costs	3,256,678	2,909,524
Amortization of capital assets	8,011,216	8,616,175
Capital payments - Facilities	346,764	540,303
Interest on capital lease	-	7,024
Interest on long term debt	87,575	126,576
Other operating expenses	1,376,217	1,750,156
Ancillary expenses	3,080,651	3,464,597
	195,080,906	186,474,306
Excess of revenue over expenses for the year	$ 3,362,650	$ 1,720,833

ALLOCATION OF EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES:

Investment in Capital Assets - Manitoba Health & Healthy Living Activities	$ (586,591)	$ (841,437)
Unrestricted - Manitoba Health & Healthy Living Activities	3,781,763	2,625,681
Investment in Capital Assets - Non Manitoba Health & Healthy Living Activities	(451,247)	(508,319)
Internally Restricted - Non Manitoba Health & Healthy Living Activities	618,685	443,870
Externally Restricted	40	1,038
	$ 3,362,650	$ 1,720,833

Brandon Regional Health Authority
Consolidated Statement of Changes in Net Assets

For the year ended March 31

	Invested in Capital Assets Note 9	Internally Restricted Note 10	Externally Restricted Note 10	Unrestricted	2009 Total	2008 Total
BALANCE, beginning of year	$ 1,944,822	$ 3,322,266	$ 28,202	$ (2,113,817)	$ 3,181,473	$ 1,378,821
Excess (Shortfall) of revenue over expenses	(1,037,838)	618,685	40	3,781,763	3,362,650	1,720,833
Net change in investment in capital assets	816,571	(174,017)	-	(642,554)	-	-
Change in fair value of investments classified as available-for-sale	-	17,800	-	52,874	70,674	81,819
BALANCE, end of year	$ 1,723,555	$ 3,784,734	$ 28,242	$ 1,078,266	$ 6,614,797	$ 3,181,473

Brandon Regional Health Authority
Consolidated Statement of Cash Flows

For the year ended March 31	2009	2008
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	$ 3,362,650	$ 1,720,833
Items not affecting cash		
Amortization of capital assets	8,011,216	8,616,175
Amortization of deferred contributions related to expenses of future periods	(2,445,642)	(1,783,486)
Amortization of deferred contributions related to capital assets	(6,990,423)	(7,266,189)
Net Change to employee future benefits	1,117,683	(605,375)
Changes in non-cash operating working capital items	3,679,190	655,177
	6,734,674	1,337,135
FINANCING ACTIVITIES		
Receipt of deferred contributions related to expenses of future periods	2,380,147	2,214,823
Receipt of deferred contributions related to capital assets	5,244,634	6,052,629
Repayment of bank advances	(173,198)	(1,063,168)
Repayment of long term debt	(103,769)	(97,437)
Repayment of obligation under capital lease	-	(200,428)
	7,347,814	6,906,419
INVESTING ACTIVITIES		
Purchase of capital assets	(5,223,029)	(6,229,562)
Redemption of Investments	(62,704)	12,054
	(5,285,733)	(6,217,508)
INCREASE IN CASH	**8,796,755**	2,026,046
CASH, BEGINNING OF YEAR	**2,026,046**	-
CASH, END OF YEAR	**$ 10,822,801**	$ 2,026,046
Supplementary cash flow information		
Interest paid	$ 85,575	$ 126,576

1 PURPOSE OF THE ORGANIZATION

The Brandon Regional Health Authority ("Authority") was incorporated under the laws of Manitoba on January 6, 1997. The Authority commenced activity on April 1, 1998. The Authority is principally involved in providing health care services to the community of Brandon and surrounding regions. The Authority is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

2 SIGNIFICANT ACCOUNTING POLICIES

The Authority has elected to use the exemption provided by the Canadian Institute of Chartered Accountants (CICA) permitting not for profit organizations not to apply sections 3862 and 3863 of the CICA Handbook which would otherwise have applied to the financial statements of the Authority for the year ended March 31, 2009. The Authority applies the requirements of Section 3861 of the CICA Handbook.

The consolidated financial statements have been prepared in accordance with the Canadian generally accepted accounting prinicples and reflect the following significant accounting policies:

a) *Change in Accounting Policies*

Effective April 1, 2008, the Authority adopted CICA section 1535, *Capital Disclosures*, which establishes standards for the disclosure of: (i) an entity's objectives, policies and processes for managing capital; (ii) quantitative data about what the entity regards as capital; (iii) whether the entity has complied with any capital requirements; and (iv) if it has not complied, the consequences of such non-compliance. See notes 8, 9 and 10 for details on restrictions in the use of capital. There were no other external restrictions.

Effective April 1, 2008 the Authority adopted CICA section 3031, *Inventories*, which replaces, section 3030, *Inventories*. The revised standard provides more extensive guidance on measurement, and expands disclosure requirements to increase transparency. The Authority's accounting policy for inventory is consistent with measurement requirements in the new standard and as a result, no adjustment was recorded on transition; however, additional disclosure requirements will be applied as described below.

The main features of the new standard, which impact the Authority, include:
Consistent use of either a first-in and first-out or weighted average formula to measure the cost of other inventories. The Authority uses the weighted average formula to measure cost and actual cost using first in first out method for pharmacy inventory. Disclosure of the accounting policies used, carrying amounts, amounts recognized as an expense, write downs, and the amount of any reversal of write downs recognized as a reduction in expenses.

b) *Basis of Reporting*

The Authority provides health care services through devolved and contract facilities. All significant inter-divisional transactions of these organizations have been eliminated.

The assets, liabilities, and operations of the following devolved organizations have been included in these financial statements:

Brandon Regional Health Centre
Child and Adolescent Treatment Centre
Community and Home Care Health Services
Community Mental Health Services
Fairview Home
Rideau Park Personal Care Home
Westman Laundry

2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

b) ***Basis of Reporting (Continued)***

The health care services provided by the contract facilities are delivered under the control of the Authority as the major funder. The financial position and results of operations of these related organizations (The Salvation Army Dinsdale Personal Care Home and Westman Regional Laboratory Services Inc.) have not been consolidated. Instead a summary of their financial information has been included in these notes (Note 14).

c) ***Revenue recognition***

The Authority follows the deferral method of accounting for contributions which include donations and government grants.

Under the Health Insurance Act and regulations thereto, the Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by Manitoba Health & Healthy Living. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by Manitoba Health & Healthy Living with respect to the year ended March 31, 2009.

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions other than endowment contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight line basis, at a rate corresponding with the amortization rate for the related capital assets.

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

Revenue from preferred accommodation and marketed services is recognized when the goods are sold or the service is provided.

d) ***Contributed services***

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

e) ***Inventories***

Inventories are valued at average cost, except pharmacy inventory which is valued at the actual cost using the first in, first out method.

f) ***Investments***

Investments are classified as available-for-sale financial assets and are comprised of bonds and guaranteed investment certificates, which are recorded at fair value based on bid prices at year-end. Purchases and sales of investments are recorded at the trade date and transaction costs are expensed as incurred and recorded in the Statement of Operations. Changes in unrealized gains and losses are reflected as direct increase or decrease in net assets.

2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

g) *Financial Instruments*

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose, for which the financial instruments were acquired or issued, their characteristics and the Authority's designation of such instruments.

Classification

Cash - Held for trading
Accounts receivable - Loans and Receivables
Investments - Available for Sale
Due From Manitoba Health & Healthy Living - Vacation - Loans and Receivables
Due From Manitoba Health & Healthy Living - Vacation - Non-Devolved Facilities - Loans and Receivables
Due From Manitoba Health & Healthy Living - Pre-retirement - Loans and Receivables
Due From Manitoba Health & Healthy Living - Pre-retirement - Non-Devolved Facilities - Loans and Receivables
Accounts payable and accrued liabilities - Other Liabilities
Bank advances - Other Liabilities
Employee Future Benefits - Vacation - Other Liabilities
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation & Pre-retirement - Other Liabilities
Long term debt - Other Liabilities

Available for Sale

Available-for-sale financial assets are those non-derivative financial assets that are designated as available-for-sale, or that are not classified as loans and receivables, held-to-maturity or held-for-trading investments. Available-for-sale financial assets are carried at fair value with unrealized gains and losses included in the consolidated statement of changes in net assets until realized when the cumulative gain or loss is transferred to other income.

Held for trading

Held for trading financial assets are financial assets typically acquired for resale prior to maturity or that are designated as held for trading. They are measured at fair value at the date of the statement of financial position. Fair value fluctuations including interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses are included in investment income.

Loans and receivables

Loans and receivables are accounted for at amortized cost using the effective interest method.

Other liabilities

Other liabilities are recorded at amortized cost using the effective interest method and include all financial liabilities.

Fair value of financial instruments

The fair value of cash, accounts receivable, due from the Manitoba Health & Healthy Living –vacation and vacation for non-devolved facilities, bank advances, accounts payable and accrued liabilities and employee future benefits - vacation approximates their carrying values due to their short-term maturity.
The fair value of due from the Manitoba Health & Healthy Living – Pre-retirement, Pre-retirement Non-devolved Faciliites, Empolyee future benefits - Pre-retirement and due to non-devolved facilities - Employee future benefits -Pre-retirement, cannot be determined as there are no specific terms of repayment.
Unless otherwise noted, it is management's opinion that the Entity is not exposed to significant interest, currency or credit risk arising from these financial instruments.

2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

h) *Capital assets*

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated useful life of an asset are capitalized. When a capital asset no longer contributes to the Authority's ability to provide services, its carrying amount is written down to its residual value.

Capital assets, excluding vehicles are amortized on a straight-line basis using the following annual rates:

Parking lots	10%
Buildings	2.5% - 6.67%
Building service equipment/equipment	5% - 20%

Vehicles are amortized an a declining balance basis using 30% as the annual rate and are included in building service equipment/equipment.

i) *Compensated absences*

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the Authority's benefit plans for vacation.

j) *Pre-Retirement entitlement obligation*

The Authority has recorded an accrual based on an actuarial valuation that includes employees who qualify at the fiscal year-end date and an estimate for the remainder of the employees who have not yet met the criteria below. Funding for the retirement entitlement prior to March 31, 2004 is recoverable from Manitoba Health & Healthy Living. Effective April 1, 2004, any increase in the entitlement is the responsibility of the Brandon Regional Health Authority.

The benefits paid during the year by the Authority amounted to $1,087,770 (2008 - $638,213.) and are included in the statement of operations. The service costs for the year were $288,447 (2008 - $764,403).

Healthcare Employees Pension Plan

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:

- have ten years service and have reached the age of 55 or
- qualify for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
- retire at or after age 65
- terminate employment at any time due to permanent disability

2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

j) *Pre-Retirement entitlement obligation (Continued)*

Civil Service Superannuation Plan

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Civil Service Superannuation Plan is to pay out, at retirement to employees who have reached the age of 55 and have nine or more years of service, the following severance pay:

- one week of severance pay for each year of service up to 15 years of service
- two weeks of additional severance pay for each increment of five years service past the 15 years of service up to 35 years of service

The significant actuarial assumptions adopted in measuring the Authority's accrued pre-retirement entitlements include mortality and withdrawal rates, a discount rate of 6.70% (2008 - 5.50%) and a rate of salary increase of 3.50% (2008 - 3.50%) plus age related merit/promotion scale with nil for disability.

k) *Due From Manitoba Health & Healthy Living - Employee Future Benefits*

The amount recorded as a receivable from the Province for pre-retirement costs was initially determined based on the value of the corresponding actuarial liability for pre-retirement costs as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its on-going annual funding to the Authority, an amount equivalent to the change in pre-retirement liability, which includes annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the the related pre-retirement liabilities.

l) *Due to/from Manitoba Health & Healthy Living*

In Globe Funding

In Globe funding is funding approved by Manitoba Health & Healthy Living for Regional Health Authority programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed within the global funding provided.

Any operating surplus greater than 2% of budget related to In Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health & Healthy Living until such time as Manitoba Health & Healthy Living reviews the financial statements. At that time Manitoba Health & Healthy Living determines what portion of the approved surplus maybe retained by the Authority, or repaid to Manitoba Health & Healthy Living.

Under Manitoba Health & Healthy Living policy the Regional Health Authority is responsible for In Globe deficits, unless otherwise approved by Manitoba Health & Healthy Living.

2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

l) *Due to/from Manitoba Health & Healthy Living (Continued)*

Out of Globe Funding

Out of Globe funding is funding approved by Manitoba Health & Healthy Living for specific programs.

Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health & Healthy Living until such time as Manitoba Health & Healthy Living reviews the financial statements. At that time Manitoba Health & Healthy Living determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health & Healthy Living.

Conversely, any operating deficit related to Out of Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health & Healthy Living until such time as Manitoba Health & Healthy Living reviews the financial statements. At that time, Manitoba Health & Healthy Living determines their final funding approvals which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health & Healthy Living are absorbed by the Authority.

m) *Future accounting changes*

In November 2008, the Canadian Institute of Chartered Accountants ("CICA") issued amendments to Section 1540, Cash flow statement, Section 1751, Interim financial statements, Section 4400, Financial statement presentation by not-for-profit organization, Section 4430, Capital assets held by not-for-profit organization, Section 4460, Disclosure of related party transactions by not-for-profit organization and issued Section 4470, Disclosure of allocated expenses by not-for-profit organization. The new standards will be applicable to interim and annual financial statements relating to fiscal years beginning on or after January 1, 2009. Accordingly, the Authority will adopt the new standards as of April 1, 2009.

Sections 1540 and 1751 have been amended to include not-for-profit organizations within their scope.

Section 4400 has been amended in order to eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and, instead, permit a not-for-profit organization to present such an amount as a category of internally restricted net assets when it chooses to do so. It also clarifies that revenues and expenses must be recognized and presented on a gross basis when a not-for profit organization is acting as a principal in transactions.

Section 4430 has been amended to specify that smaller Organizations that capitalize their capital assets shall capitalize all classes of capital assets, amortize and write down those assets in accordance with relevant Handbook Sections.

Section 4460 has been amended to make the language in Section 4460 consistent with related party transactions, Section 3840.

Section 4470 establishes disclosure standards for a not-for-profit organization that classifies its expenses by function and allocates its expenses to a number of functions to which the expenses relate.

The Authority is currently evaluating the impact of the adoption of these new standards on its financial statements.

n) **Capital Management**

The Entity's objective when managing capital is to maintain sufficient capital to cover its costs of operations. The Entity's capital consists of net assets.

There were no changes in the Entity's approach to capital management during the period.

31 March 2009

3 ACCOUNTS RECEIVABLE

	2009	2008
Manitoba Health & Healthy Living		
Retroactive Salary Increases	$ 577,451	$ 1,727,021
Other Operations	2,266,718	1,641,667
Non Medical Reciprocal Recoveries	-	1,190,228
Out of Globe - 2003/04	-	(107,094)
Out of Globe - 2004/05	-	(310,993)
Out of Globe - 2005/06	-	(186,305)
Out of Globe - 2006/07	16,506	31,315
Out of Globe - 2007/08	34,273	135,160
Out of Globe - 2008/09	(363,799)	-
	2,531,149	4,120,999
Patients	634,516	783,953
Government of Canada - Goods and Services Tax	197,353	269,719
BRHC Foundation , BGH Auxiliary and Westman Laboratory	937,565	782,241
Sundry	992,541	1,126,638
	5,293,124	7,083,550
Less allowance for doubtful accounts	(1,363,960)	(1,088,190)
	$ 3,929,164	$ 5,995,360

4 INVESTMENTS

	2009	
	Cost	Fair Value
Government of Canada Bonds	$ 41,647	$ 46,392
Other Bonds	3,129,318	3,288,452
Other	477,880	494,386
	$ 3,648,845	$ 3,829,230

	2008	
	Cost	Fair Value
Government of Canada Bonds	$ 177,187	$ 179,810
Other Bonds	3,475,209	3,582,298
Other	4,418	4,418
	$ 3,656,814	$ 3,766,526

The fair values of the investments are based on the year end quoted market bid price.

5 CAPITAL ASSETS

	2009		
	Cost	Accumulated Amortization	Net Book Value
Land & parking lots	$ 4,599,513	$ 1,757,986	$ 2,841,527
Buildings	108,495,317	34,337,723	74,157,594
Building service equipment/equipment	90,778,635	68,987,656	21,790,979
Work in Progress	3,203,595	-	3,203,595
	$ 207,077,060	$ 105,083,365	$ 101,993,695

5 CAPITAL ASSETS (Continued)

	2008		
	Cost	Accumulated Amortization	Net Book Value
Land & parking lots	$ 4,599,513	$ 1,586,340	$ 3,013,173
Buildings	106,321,734	31,687,627	74,634,107
Building service equipment/equipment	86,735,068	63,798,181	22,936,887
Work in Progress	4,197,716	-	4,197,716
	$ 201,854,031	$ 97,072,148	$ 104,781,883

6 BANK ADVANCES

The bank advances have been authorized by the Province of Manitoba . Interest is paid monthly based on an interest rate of prime plus 1.00%. The amount available for operating credit is $8,500,000.

7 LONG TERM DEBT

	2009	2008
City of Brandon		
6.5% loan, repayable $159,529 annually, including interest, maturing 2015.	$ 754,061	$ 857,831
Less current portion	(110,515)	(103,770)
	$ 643,546	$ 754,061

The fair value of the Authority's long term debt is $790,615 as at March 31, 2009 calculated using discounted cash flow analysis based on incremental borrowing rates currently available for similar terms and maturities.

Principal payments due in the next five years are as follows:	
2010	$ 110,515
2011	117,699
2012	125,349
2013	133,497
2014	142,174

31 March 2009

8 DEFERRED CONTRIBUTIONS

a) *Expenses of future periods*

Deferred contributions related to expenses of future periods represent unspent externally restricted grants for equipment and construction projects.

		2009		2008
Balance, beginning of year	$	1,727,395	$	1,296,058
Add amount received		2,380,147		2,214,823
Less amount transferred to deferred contributions related to capital assets		(122,708)		-
Less amount amortized to revenue in the year		(2,445,642)		(1,783,486)
Balance, end of year	$	1,539,192	$	1,727,395

b) *Capital assets*

Deferred capital contributions related to capital assets represent the unamortized amount and unspent amount of grants and donations received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

		2009		2008
Balance, beginning of year	$	99,479,066	$	100,692,626
Additional contributions received		5,244,634		6,052,629
Add amount transferred from expenses of future periods		122,708		-
Less amounts amortized to revenue in the year		(6,990,423)		(7,266,189)
Balance, end of year	$	97,855,985	$	99,479,066

The balance of unamortized capital contributions related to capital assets consists of the following:

		2009		2008
Unamortized capital contributions used to purchase assets	$	98,013,654	$	100,802,396
Underspent/(Overspent) contributions		(157,669)		(1,323,330)
	$	97,855,985	$	99,479,066

8 DEFERRED CONTRIBUTIONS - Capital Assets (Continued)

During the 2006 fiscal year, the Province of Manitoba assumed the long term and third party debt of the Authority and was recognized as borrowings in the Public Accounts of the Province of Manitoba. Accordingly, the Authority has classified the long term debt and short term financing as deferred contributions. The following long term debt related to third party's is included in deferred contributions:

	2009	2008
School of Nursing Building 5.75% mortgage, repayable $27,241 semi-annually, including interest, maturing 2019. The mortgage is secured by land and buildings.	$ 409,996	$ 439,619
Fairview Home 6% mortgage, repayable $3,907 monthly, including interest, maturing 2018. The mortgage is secured by land and buildings.	342,177	367,951
Fairview Home 7 1/2% mortgage, repayable $2,778 monthly, including interest, maturing 2023. The mortgage is secured by land and buildings.	294,259	305,411
Fairview Home 10 1/8%, sinking fund debenture, repayable $97,318 monthly, including interest, matured 2008. The indenture documentation assigns the subsidies provided by Manitoba Health & Healthy Living for payment of the debenture.	-	9,250,000

9 INVESTED IN CAPITAL ASSETS

Invested in capital assets is calculated as follows:

	2009	2008
Capital assets	$ 101,993,695	$ 104,781,883
Funds held by Manitoba Health & Healthy Living		
Amounts financed by:		
Deferred contributions	(98,013,654)	(100,802,396)
Accounts Payable	(575,717)	(76,928)
Loan and mortgage payable	(1,680,769)	(1,957,737)
	$ 1,723,555	$ 1,944,822

10 RESTRICTED ASSETS

Internally Restricted

The Board of Directors has restricted net assets related to non Manitoba Health & Healthy Living activities of $3,784,734 (2008 - $3,322,266). The revenue earned on these restricted assets is used for the operations of these non Manitoba Health & Healthy Living activities and for possible capital asset purchases.

Externally Restricted

Net assets are restricted for scholarship purposes and are subject to externally imposed restrictions that the assets be maintained permanently. Investment income from this fund is restricted for a scholarship.

11 MANITOBA HEALTH & HEALTHY LIVING REVENUE

	2009	2008
Allocation per Funding Document	$ 168,320,284	$ 157,011,326
Add: MAHCP Accrual	315,391	193,566
CUPE Accrual	161,000	558,830
MNU Retro	-	506,297
MGEU Lab Market Adjustment	411,704	186,321
MGEU Community	68,494	-
Waiting Lists Initiative Funding	409,421	473,008
Colonoscopy Funding	87,500	-
STI Funding	51,000	-
Accelerated 09/10 Funding	623,500	-
Proctor Funding	40,154	-
2008/09 Targeted Funding	202,401	-
PCH Funding	163,909	-
One Time Funding - ER Hard To Fill Shift Premium	-	131,062
One Time Funding - Louis Riel Statutory Holiday	-	223,402
Total Funding Approved by Manitoba Health & Healthy Living	170,854,758	159,283,812
Add: Other Income		
Non-Global Reconciliation	346,779	1,436,206
Separately Funded Programs	20,130	292,680
Fee for Service Income	4,654,327	4,247,522
Less: Amounts recorded in Deferred Contributions	(2,263,737)	(2,695,951)
Total Revenue from Manitoba Health & Healthy Living	$ 173,612,257	$ 162,564,269

12 COMMITMENTS AND CONTINGENCIES

a) The Authority has entered into various operating lease commitments. The amounts payable over the next five years are as follows:

2010	$	1,371,369
2011		1,360,458
2012		738,560
2013		717,110
2014		722,795

b) The Authority is subject to individual legal actions arising in the normal course of business. It is not expected that these legal actions will have a material adverse effect on the financial position of the Authority.

c) Effective January 1, 2003 the Authority joined in the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks for its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2009.

13 PENSION PLAN

The majority of the employees of the Authority are members of the Healthcare Employees Pension Plan (HEPP), which is a multi-employer defined benefit pension plan. HEPP plan members will receive benefits based on the length of service and on the average of annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual health entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore, the plan is accounted for as a defined contribution plan.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by HEPP. Pension contributions are at 6.8% of basic annual earnings up to the Canada Pension Plan ceiling plus 8.4% of basic earnings in excess of the Canada Pension Plan ceiling contributed by employees. The funding objective is for employer contributions to HEPP to remain a constant percentage of employee's contributions.

The most recent actuarial valuation filed with the Manitoba Pension Commission for the plan was at December 31, 2007, and indicated that the plan was fully funded. Changes in market conditions and other assumptions may affect the funded status. The next actuarial valuation to be filed with the Manitoba Pension Commission will be as at December 31, 2010. Actual Authoritycontributions to HEPP made during the year by the on behalf of its employees amounted to $5,361,178 (2008 - $5,022,300) and are included in the statement of operations.

The remaining employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for the Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participation in the pension plan by the Authority and its employees.

14 NON-DEVOLVED FACILITIES

The Authority has a contract arrangement with The Salvation Army Dinsdale Personal Care Home, which provides long term care in the community of Brandon. In addition, the organization carries out the charitable, educational, religious and other benevolent objects and purposes of the Salvation Army. The organization is a registered charity under the Income Tax Act.

Until December 2005 the Authority had the responsibility of providing management services to Westman Regional Laboratory. At that time the management was transferred to Diagnostic Services of Manitoba (DSM). The Authority continues to provide other services which will be transitioned to DSM by 2010. Westman Lab provides laboratory services to a number of health care providers in Manitoba. The majority of Westman Lab's revenue is from Manitoba Health & Healthy Living.

The Authority does recognize that since there is economic dependence of both Dinsdale Personal Care Home and Westman Lab on the Authority, accounting control does exist between the Authority and these organizations. In light of this, management of the Authority has provided a financial summary of these organizations. All revenues received by the Authority on behalf of Westman Lab and Dinsdale Personal Care Home are reflected in the Authorities revenues and payments issued to these entities are recorded as expenses.

Financial statements of Dinsdale Personal Care Home and Westman Lab are available upon request.

The Salvation Army Dinsdale Personal Care Home

	2009	2008
FINANCIAL POSITION		
Total assets	$ 2,980,755	$ 3,100,195
Total liabilities	$ 2,787,672	$ 2,916,373
Total net assets	193,083	183,822
	$ 2,980,755	$ 3,100,195
RESULTS OF OPERATIONS		
Total revenues	$ 4,062,082	$ 3,750,573
Total expenses	(4,052,821)	(3,788,977)
Net operating surplus (deficit)	$ 9,261	$ (38,404)

Westman Regional Laboratory Services Inc.

	2009	2008
FINANCIAL POSITION		
Total assets	$ 4,973,631	$ 5,678,073
Total liabilities	$ 4,980,522	$ 5,684,964
Total net assets	(6,891)	(6,891)
	$ 4,973,631	$ 5,678,073

14	NON-DEVOLVED FACILITIES (Continued)	2009	2008
	Westman Regional Laboratory Services Inc. (Continued)		
	RESULTS OF OPERATIONS		
	Total revenues	$ 14,486,799	$ 14,258,608
	Total expenses	(15,211,226)	(14,796,743)
	Net operating shortfall (recoverable from Manitoba Health & Healthy Living)	$ (724,427)	$ (538,135)

15 COMPARATIVE FIGURES

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.